ARIZONA STATE BOARD OF HEALTH BUREAU OF VITAL STATISTICS ORIGINAL CERTIFICATE OF BIRTH Country Registrar No. OCH of (If birth occurred in a phospital or instinction, give its MAME instead of street and numbers of child in some of child in s			
ARIZONA STATE BOARD OF HEALTH BUREAU OF VITAL STATISTICS ORIGINAL CERTIFICATE OF BIRTH Country Registrar No. Local Registrar. Local Registrar	18 page 10 and 12 Maria named 11 Maria 22. Page 1	garant kalendari kecamatan dan berantan dan dibiran dan kelalah dari kecamatan dan dan dari kecamatan dan dari Kelalah kelalah dari kelalah dar	i da de la companya de la desarra de la companya d La companya de la co
ARIZONA STATE BOARD OF HEALTH BUREAU OF VITAL STATISTICS ORIGINAL CERTIFICATE OF BIRTH Country Registrar No. Local Registrar. Local Registrar	/		V
BUREAU OF VITAL STATISTICS ORIGINAL CERTIFICATE OF BIRTH Or of (If birth occurred in a (hoppidal or inquiriphion, give its NAME instead of street and number) If the name of child (If birth occurred in a (hoppidal or inquiriphion, give its NAME instead of street and number) If obe enawered ONLY is a directed. S. Sex of Child To be enawered ONLY in event of plural births. In event of plural births. FATHER Pull name (Usual place of abode) If nonresident, give place and state (Usual place of abode) If nonresident, give place and state II. Age at last birthday (Years) (State or country) II. Occupation Nature of industry Number of children of fifts mether (In event of high event (in the place) (in the plac	ν . ι	APIZONA STATE BOA	ARD OF HEALTH
ORIGINAL CERTIFICATE OF BIRTH County Registrar No. Local Registrar. Hollow Rocal Registrar. Filed Local Registrar. Filed Local Registrar. Filed Registrar. Local Registrar. Hollow Rocal Registrar. Local Registrar. Filed Registrar. Filed Registrar. Filed Registrar. Filed Registrar. Filed Registrar. Local Registrar.	County of	ARIZONA STATE BOX	192
Or, of South State or country) 12. Birthplace (city or place) 13. Birthplace (city or place) 14. Siste or country) 15. Siste or country) 16. Siste or country) 17. Nomer of children of this mother 18. Birthplace (city or place) 18. Birthplace (city or place) 19. Notwer of children of this mother 19. Nower of children of this mother 20. Nower of children of this mother 21. Were precautions taken against up- 19. Occupation Nature of industry 19. Occupati	district of		
Or, of (If birth occurred in a (hepsital or institution, give its NAME instead of street and number) 2. Pull name of child I to be answered ONLY in triplet or other. S. Legitimate I grupplemental report, as directed. 3. Sey of Child In on yet named, make in event of plaral births. 5. No., in order of birth of birth of birth day year Month day year 15. Residence (Usual place of abode) 16. Color or race. II. Age at last birthday G. (Years) 17. Birthplace (city or place) (State or country) 18. Birthplace (city or place) (State or country) 19. Occupation Nature of industry 19. Occupation Na	Town of	ORIGINAL, CERTIFICATE OF BIRTH	153
2. Foll name of child 3. Seys of Child To be answered ONLY in event of plural slights. FATHER Full name PATHER Full name PATHER Full name Poll manded name (Usual place of abode) If nonresident, give place and state (Usual place of abode) If nonresident, give place and state 10. Color or race. 11. Age at last birthday 2 (Vears) 12. Birthplace (city or place) (State or country) 13. Occupation Nature of industry Nature of children of this mother (Thiere as of time of birth of child herein (c) Birth and naw living 2 (State or country) 14. Born alive and naw living 2 (There) 15. Residence (State or country) 16. Color or race (State or country) 17. Age at last birthday 2 (Years) 18. Birthplace (city or place) (State or country) 19. Occupation Nature of industry Country 10. Country 11. Age at last birthday 2 (Years) 12. Birthplace (city or place) (State or country) 13. Occupation Nature of industry Country 14. Born alive and naw living 2 (21. Were precautions taken against sphthalmink neonatorans? 15. Residence (Thiere as of time of birth of child herein (c) Billborn CERTIFICATE OF ATTENDING PHYSIGIAN OR MIDWIFE? Thereby certify that I attended the birth of this child, who was (Born alive on country) Thereby certify the treatment of the child show on the child is one that neither breather, bouseholder, etc. Signature Month, day, year. Filed 19. 29 Were precautions taken against sphthalmink neonatorans? (Physician or-midworte) (Physician or-midworte) Filed 19. 29 Page 18 Page 2 (18 Page 2 (18 Page 2 (18 Page 3 (18 Page 3 (18 Page 4 (18 Page 4 (18 Page 4 (18 Page 4 (18 Page 5 (18 Page 6 (18 Page 7 (18 Page 8 (18 Page 7 (18 Page 8 (18 Page 7 (18 Page 8	**	No	CL Ward
3. Ses of Child 3. Ses of Child 3. Ses of Child 4. Twin, triplet or other 6. Legitimate? 5. No., in order of birth 6. No., in order of birth 7. Date Month day year 8. No., in order of birth 9. Residence (Usual place of abode) 11. Age at last birthday 2. G. (Years) 12. Birthplace (city or place) (State or country) 13. Occupation Nature of industry 14. Born alive and now living 2. (State or country) 15. Number of children of this mother (Taken as of time of birth of child herein (c) Stillborn 17. Number of children of this mother (Taken as of time of birth of child herein (c) Stillborn 18. Decupation Nature of industry CERTIFICATE OF ATTENDING PHYSIOAN OR MIDWIFE* 19. When there was no attending physician or other industry as the other childs and including this child. Signature 18. Birthplace (city or place) (Control of this mother (c) Stillborn CERTIFICATE OF ATTENDING PHYSIOAN OR MIDWIFE* 19. When there was no attending physician or other industry as the other householder, etc. Stillborn child is one that neither breathers nor show other other was no attending physician or other industries nor show other other was presented from the other of the other industries on show other other of the other industries on show other other of the other industries on show other other of the other industries of the other industries of the other of the other industries of the other industries of the other other other other of the other industries of the other other other other other of the other other other other other other of the other		(If birth occurred in a hospital or institution, give	
To be answered ONLY In event of plural births. PATHER Pell name PATHER Pell mame Residence (Usual place of abode) If nonresident, give place and state II. Age at last birthday II. Occupation Nature of industry Nature of industry Nature of industry Chaica as of time of birth of child herein (b) Born alive and now living II. Age at last birthday II. Occupation Nature of industry Chaica as of time of birth of child herein (b) CERTIFICATE OF ATTENDING PHYSIOIAN OR MIDWIFE* II. hereby certify that I attended the birth of this child, who was the not the treatment of the child herein or midwife, then the father, householder, etc. thould make this return. A stillborn child is one that neither breakhes nor shows other its mane added from him. Riven name added from him. Month, day, year. Piled Neristear. Neristear. Neristear. Piled Norther Filed II. MOTHER A mother of birth of birth of birth of birth of this child, who was the presentions taken against explication or midwife, then the father, householder, etc. thould make this return. A stillborn child is one that neither breakhes nor shows other its one that neither breakhes nor shows other its one place of abode) II. Age at last birthday II. Age at		PAPER / 6 Laddrage	supplemental report, as directed.
Pull name Pull name Pull maiden name Residence (Usual place of abode) If nonresident, give place and state 10. Color or race 11. Age at last birthday (State or country) 12. Birthplace (city or place) (State or country) 13. Occupation Nature of industry Namber of children of this mother (a) Born alive and naw living 15. Residence (Usual place of abode) If nonresident, give place and state (State or country) 18. Birthplace (city or place) (State or country) 19. Occupation Nature of industry CERTIFICATE OF ATTENDING PHYSIOIAN OR MIDWIFE 1 hereby certify that I attended the birth of this child, who was certified and including this child, who was certified the child there has a stated the birth of this child, who was the certified the child that neither householder, etc., signature Sylven there was no attending physician or minimic, then the father, householder, etc., signature without of the the father, householder, etc., signature with the signature of the state	IN SO BUSMACKO OLUDI	X 11-1	7. Date of birth
3. Residence (Usual place of abode) If nonresident, give place and state II. Age at last birthday 2 (Years) II. Age at last birthday 2 (Years) III. Age at		5. No., in order of birth.	A 3
3. Residence (Usual place of abode) If nonresident, give place and state If color or race. 10. Color or race. 11. Age at last birthday. 12. Birthplace (city or place) (State or country) 13. Occupation Nature of industry 14. Number of children of this mother (Taken as of time of birth of child herein certified and including this child.) 15. Residence (Usual place of abode) If nonresident, give place and state (State or rountry) 16. Color or race. (State or country) 17. Age at last birthday. 18. Birthplace (city or place). (State or country) 19. Occupation Nature of industry 19. Occupation Nature of industry CERTIFICATE OF ATTENDING PHASION OR MIDWIFE (When there was no attending physician or midwife, then the father, householder, etc.) Signature should make this return. A stillborn child is one that neither breathes nor shows other swidences of life after birth. (Riven name added from a supplemental report Month, day, year. (Physician or-midwife) Filed 19. A County Registrar. (County Registrar.		Full maiden name	MOTHER
(Usual place of abode) If nonresident, give place and state If nonresident, give place and state (Usual place of abode) If nonresident, give place and state If nonresident, give place and state (Usual place of abode) If nonresident, give place and state If nonresident, give place and state (Usual place of abode) If nonresident, give place and state If nonresi	rull name Auner	Martin III	ary 11 (1. TV/Len)
11. Age at last birthday 2 (Years) 12. Birthplace (city or place) (State or country) 13. Occupation Nature of industry 14. Number of children of this mother (Taken as of time of birth of child herein (b) Born alive but now dead certified and including this child.) 15. CERTIFICATE OF ATTENDING PHYSION OR MIDWIFE* 16. Color or race (State or country) 17. Age at last birthday 2 (Years) 18. Birthplace (city or place) (State or country) 19. Occupation Nature of industry 19. Occupation Nature of in			aboge)
12. Birthplace (city or place) (State or country) 13. Occupation Nature of industry 14. Age at last birthday 15. Occupation Nature of industry 16. Occupation Nature of industry 17. Age at last birthday 18. Birthplace (city or place) (State or country) 19. Occupation Nature of industry 20. Number of children of this mother (Taken as of time of birth of child herein (b) Born alive and now living 21. Were precautions taken against sphithalmia neonatorans? (C) Stillborn CERTIFICATE OF ATTENDING PHYSIOIAN OR MIDWIFE* Thereby certify that I attended the birth of this child, who was (Born alive or stillborn) *When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other should make this return. A stillborn child is one that neither breathes nor shows other as supplemental report Month, day, year. Filed 19. Occupation Nature of industry 21. Were precautions taken against sphithalmia neonatorans? (Born alive or stillborn) (Physician or midwife)		EMCral If nonresident, give	place and state (cultury
12. Birthplace (city or place) (State or country) 13. Occupation Nature of industry 14. Born alive and now living (Taken as of time of birth of child herein (b) Born alive but now dead (Caken as of time of birth of child herein (ce) Stillborn CERTIFICATE OF ATTENDING PHYSIOIAN OR MIDWIFE* I hereby certify that I attended the birth of this child, who was mo attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other widences of life after birth. Signature When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other widences of life after birth. Signature When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other widences of life after birth. Signature When there was no attending physician or midwife. Signature Signature When there was no attending physician or midwife. Signature Signature When there was no attending physician or midwife. The signature of the control of the child is one that neither breathes nor shows other with a supplemental report Month, day, year. Filed Registrar. Filed Registrar. Filed Centry Registrar.	10. Color or race .	16. Color or race	
(State or country) 13. Occupation Nature of industry 20. Number of children of this mother (Taken as of time of birth of child herein (b) CERTIFICATE OF ATTENDING PHYSION OR MIDWIFE* 1 hereby certify that I attended the birth of thia child, who was When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidences of life after birth. Siven mane added from a supplemental report Month, day, year. 18. Birthplace (city or place) (State or country) 19. Occupation Nature of industry (b) Were precautions taken against ophithalmia neonatorans? (c) Stillborn Nature of industry CERTIFICATE OF ATTENDING PHYSION OR MIDWIFE* (Born alive op stillborp.) (Born alive op stillborp.) (Physician or midwife) Is one that neither breathes nor shows other evidences of life after birth. Silven mane added from a supplemental report Month, day, year. Filed Registrar. Filed Caunty Registrar.	11. Age at last	birthday 2 CI (Years) WM	17. Age at last birthday (Years)
(State or country) 13. Occupation Nature of industry 20. Number of children of this mother (Taken as of time of birth of child herein certified and including this child.) (CERTIFICATE OF ATTENDING PHYSIOAN OR MIDWIFE* I hereby certify that I attended the birth of this child, who was "When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other sevidences of life after birth. (Bern alive or sufficient or midwife) (Physician or midwife) Address Filed Registrar. (State or country) 19. Occupation Nature of industry Port AU (1) 19. Were precautions taken against sphthalmin neonatorum? (Born alive or sufficient.) (Physician or midwife) (Physician or midwife) (Physician or midwife) Registrar. Filed Registrar.	• • • • • • • • • • • • • • • • • • • •		place) Arusal
Nature of industry Nature			$X \rightarrow X$
Nature of industry 20. Number of children of this mother (Taken as of time of birth of child herein certified and including this child.) CERTIFICATE OF ATTENDING PHYSIOIAN OR MIDWIFE* I hereby certify that I attended the birth of this child, who was When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidences of life after birth. Signature Month, day, year. Nature of industry Were precautions taken against sphrithalmia neonatorum? 21. Were precautions taken against sphrithalmia neonatorum? (Born alive of industry Month, who was (Born alive of industry (Born alive precautions taken against sphrithalmia neonatorum? (Born alive of industry (Born alive of		12. Occupation	0
(Taken as of time of birth of child herein (b) Born alive but now dead. CERTIFICATE OF ATTENDING PHYSIOIAN OR MIDWIFE* I hereby certify that I attended the birth of this child, who was (Born alive or stillog). *When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stilliborn child is one that neither breathes nor shows other evidences of life after birth. Given name added from a supplemental report Month, day, year. Registrar. Registrar. Born alive but now dead. (Born alive or midwife) (Born alive or midwife) (Born alive or midwife) (Physician or midwife)		i i	forsewift
(Taken as of time of birth of child herein (b) Born alive but now dead Stillborn CERTIFICATE OF ATTENDING PHYSIOIAN OR MIDWIFE* I hereby certify that I attended the birth of this child, who was (Born alive or attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidences of life after birth. Given name added from a supplemental report Month, day, year. Registrar. Registrar. Born alive but now dead midwife; the birth of this child, who was (Born alive or attending physician or midwife). (Physician or midwife)	20. Number of children of this mother) (1	Born alive and now living 25 21. Were	precautions taken against oph-
CERTIFICATE OF ATTENDING PHYSIOIAN OR MIDWIFE* I hereby certify that I attended the birth of this child, who was "When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidences of life after birth. Given name added from a supplemental report Month, day, year. Registrar. Ceunty Registrar.	(Taken as of time of birth of child hereln)) Born alive but now dead	Her I
I hereby certify that I attended the birth of this child, who was "When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidences of life after birth. Given name added from a supplemental report Month, day, year. Registrar.		TE OF ATTENDING PHYSIOIAN OR M	IDWIFE*
*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidences of life after birth. Given name added from a supplemental report Month, day, year. **Hegistrar.** **Hied 19 Month of the father of the father, householder, etc., Signature (Physician or midwife) **Item of the father, householder, etc., Signature (Physician or midwife) **Item of the father, householder, etc., Signature (Physician or midwife) **Item of the father, householder, etc., Signature (Physician or midwife) **Item of the father, householder, etc., Signature (Physician or midwife) **Item of the father, householder, etc., Signature (Physician or midwife) **Item of the father, householder, etc., Signature (Physician or midwife) **Item of the father, householder, etc., Signature (Physician or midwife) **Item of the father, householder, etc., Signature (Physician or midwife) **Item of the father, householder, etc., Signature (Physician or midwife) **Item of the father, householder, etc., Signature (Physician or midwife) **Item of the father, householder, etc., Signature (Physician or midwife) **Item of the father, householder, etc., Signature (Physician or midwife) **Item of the father householder, etc., Signature (Physician or midwife) **Item of the father householder, etc., Signature (Physician or midwife) **Item of the father householder, etc., Signature (Physician or midwife) **Item of the father householder, etc., Signature (Physician or midwife) **Item of the father householder, etc., Signature (Physician or midwife) **Item of the father householder, etc., Signature (Physician or midwife) **Item of the father householder, etc., Signature (Physician or midwife) **Item of the father householder, etc., Signature (Physician or midwife) **Item of the father householder, etc., Signature (Physician or midwife) **Item of the father householder, etc., Signature (Physician or midwife) **Item of the father h		this child who was	nt 7 m. on the date above stated.
should make this return. A stillborn child is one that neither breathes nor shows other evidences of life after birth. Given name added from a supplemental report Month, day, year. Filed 19. 19. 19. 19. 19. 19. 19. 19. 19. 19.	When there was no attending physician	or) (1) All a start	
a supplemental report Month, day, year. Filed Fi	should make this return. A stillborn chi is one that neither breathes nor shows oth evidences of life after birth. Given name added from	Address Seffend	(Physician or-midwife)
Registrar.	a supplemental report		Q V O MLocal Registrar.
(1.0. 9)	Registrar	Filed Luly-0- 19.29	County Registrer.
	in-Profitati	049-618-412	~ 4.m. 2.